

<b>COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION</b> For use of this form, see AR 190-45; the proponent agency is ODCSOPS		SUSPENSE DATE (YYYYMMDD)																					
<b>PRIVACY ACT STATEMENT</b>																							
<b>AUTHORITY:</b> Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). <b>PRINCIPAL PURPOSE:</b> To provide commanders and law enforcement officials with means by which information may be accurately identified. <b>ROUTINE USES:</b> Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. <b>DISCLOSURE:</b> Disclosure of your social security number is voluntary.																							
1. THRU	2. TO	3. FROM																					
4. USACRC CONTROL NUMBER	5. MP REPORT NUMBER	6. SUB-INSTALLATION IDENTIFIER																					
To be completed by the commander or supervisor of the subject identified below and in corresponding MP/CID report. Check all applicable blocks. Briefly explain circumstances not covered by blocks. For multiple offenses resulting in more than one type of action taken or action taken for offenses not listed in the report, explain in block 15, Remarks, which offenses apply to blocks checked and action taken for other offenses. Retain last copy and return all others to addressee indicated in "TO" block on completion of final action.																							
7. NAME OF SUBJECT (Last, First, MI)	8. GRADE	9. SSN																					
10. DATE OF BIRTH (YYYYMMDD)																							
11a. OFFENSE(s)		11b. DATE OF OFFENSE(s)																					
<b>12. ACTION TAKEN</b> <input type="checkbox"/> a. * NONE <input type="checkbox"/> (1) INSUFFICIENT EVIDENCE <input type="checkbox"/> (2) OTHER (Explain in Remarks) * Subject was advised that although no action was taken, the report would be retained in Army records and that requests for amendment, correction, or expungement may be submitted IAW AR 190-45 (MP Reports) or AR 195-2 (CID Reports). <input type="checkbox"/> b. ADMINISTRATIVE REFERRED TO (Check appropriate blocks)                      DATE REFERRED (YYYYMMDD)                      DATE RESPONDED (YYYYMMDD) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%; padding: 2px;">F = FAMILY ADVOCACY</td> <td style="width: 30%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 2px;">D = DRUG/ALCOHOL ABUSE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">S = SPECIAL REFERRAL</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">E = EQUAL OPPORTUNITY</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">L = LEGAL OFFICE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">M = MENTAL HEALTH</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">R = RELIEF AGENCY</td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> c. NONJUDICIAL (Article 15, UCMJ) <input type="checkbox"/> COMPANY GRADE <input type="checkbox"/> FIELD GRADE <input type="checkbox"/> SUMMARIZED <input type="checkbox"/> GCM AUTHORITY <input type="checkbox"/> GENERAL OFFICER <input type="checkbox"/> d. JUDICIAL (If subject was tried by court-martial attach a copy of the court-martial order giving findings and sentences.) <input type="checkbox"/> SUMMARY COURT MARTIAL <input type="checkbox"/> GENERAL COURT-MARTIAL <input type="checkbox"/> SPECIAL COURT-MARTIAL <input type="checkbox"/> CIVIL COURT			F = FAMILY ADVOCACY			D = DRUG/ALCOHOL ABUSE			S = SPECIAL REFERRAL			E = EQUAL OPPORTUNITY			L = LEGAL OFFICE			M = MENTAL HEALTH			R = RELIEF AGENCY		
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<b>13. JUDICIAL FINDINGS</b> <input type="checkbox"/> GUILTY <input type="checkbox"/> DISMISSED <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> OTHER (For example, guilty of a lesser included offense. Explain in Remarks.)																							
<b>14. RESULTANT SENTENCES, PUNISHMENTS, OR ADMINISTRATIVE ACTION</b> <input type="checkbox"/> a. REPRIMAND <input type="checkbox"/> b. ADMONITION <input type="checkbox"/> (1) ORAL <input type="checkbox"/> (2) IN WRITING <input type="checkbox"/> c. DETENTION <input type="checkbox"/> d. FORFEITURE <input type="checkbox"/> e. FINED \$ _____ / _____ MONTHS <input type="checkbox"/> f. REDUCED FROM _____ TO _____ <input type="checkbox"/> g. EXTRA DUTY FOR _____ DAYS <input type="checkbox"/> h. RESTRICTED FOR _____ DAYS <input type="checkbox"/> i. CORRECTIONAL CUSTODY FOR _____ DAYS <input type="checkbox"/> j. CONFINED _____ YEARS _____ MONTHS <input type="checkbox"/> k. PUNITIVE DISCHARGE ADJUDGED TYPE: _____ <input type="checkbox"/> l. ADMINISTRATIVE DISCHARGE _____ EFFECTIVE DATE _____ <input type="checkbox"/> m. OTHER (For example, suspension of driving privileges. Explain in Remarks.)																							

15. REMARKS

16a. TYPED NAME AND GRADE OF COMMANDING OFFICER

16b. SIGNATURE

16c. DATE OF REPORT (YYYYMMDD)